Uniform Application Hospital Discounted Care and CICP Taryn Graf, CICP Administrator Chandra Vital, State Programs Unit Supervisor

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Objectives

- Tabs in Uniform Application
- Updates made since May
- CICP Only sections
- Walk through Uniform Application



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Application Versions

- Uniform Application is currently Version 1
 Version released in May was Version 0.1 and has had some upgrades as identified/requested by CICP hospitals that began using it in June
- Version 1 should be effective through March 31, 2023 UNLESS a coding error is detected that needs to be fixed
 - In this situation, notification of the new version will be sent out via the Hospital Discounted Care newsletter



General Rules

- Application should NOT be filled out by patients >Patients are unaware of how the application is coded and do not understand the policies behind
- Screening and application should be completed in the same workbook for each household that chooses to apply for discounted care
 - For facilities using a separate screening tool, need to ensure the screening and application are both retained in the patient's record



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Screening

- Screening is completed using self-attested information from the patient or guardian
- Asks about household information
 - >Members
 - >Address
 - >Contact information
- >Colorado residency
- >Insurance status
- ⊳Income



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UPDATES

- Addition of "Date of service applying to cover" question to aid in setting the effective date
- Household member numbering has changed so that the second household member is listed as "Household Member 2" instead of "Household Member 1"
- Clarification that for household members without any income, should enter \$0, not "No", "None", etc.
 Cells are auto set to \$0 as well
- Health Sharing Ministries count as insurance



Taxes Question

- "Is this household member included in the patient/guardian's taxes?"
 - >For households who do not file taxes, this should be set to "Yes" if the household member WOULD BE included if the household filed taxes
- This question looks at figuring out if the household member would be included in Health First Colorado/CHP+/Medicaid's household definition



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Screening Results

- Bottom of tab calculates household size and income using various household definitions
- Determines if a household is potentially, likely, or not likely eligible for
 - >Health First Colorado
 - ≻CHP+
 - >Medicare
- Colorado Indigent Care Program (CICP)Hospital Discounted Care
- Facilities should only inform patients of the programs they are LIKELY or POTENTIALLY eligible for



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Household & FPG Results Example

AUTO-CALCULATE FEDERAL POVERTY GUIDELINES Estimated household size as presented	4
Estimated annual household income as presented	\$36,000.00
Estimated FPG as presented	136
H FIRST COLORADO, CHP+, EMERGENCY MEDICAID	
Estimated household size	3
Estimated annual household	\$36,000.00
Estimated FPG	164
CICP AND HOSPITAL DISCOUNTED CARE	
Estimated household size	4
Estimated annual household	\$36,000.00
Estimated FPG	136

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		Department of Health Care Policy & Financing	10

Patient Information

- Information entered into Screening tab will populate on Patient Information tab
- Additional information must be entered if the household decides to apply for Hospital Discounted Care or CICP
 Application Date

 - >Birthdates
 - >Health First Colorado/CHP+ ID if available
 - SSN (CICP Only)
 - >Ineligibility Code (CICP Only)



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Patient Information (cont.)

- Every line should be filled in for each of the household members included in the application
- Data entered into this tab will pull through to other worksheets in the application
- Make sure to enter the date as the date the application is started
 - >Households have 45 days from the beginning of the application to complete it to ensure the documentation they have provided is still relevant to their situation



UPDATE

- CICP Only cells have been color coded green
- Calculation has been added to the right-hand side of the tab near the top that will auto calculate 45 days past the application start date and 182 days past the date of service
 Households who do not submit all required documentation prior to the 45th day may be asked to submit updated documentation
 Households have at least until the 181st day past their date of service or date of discharge, whichever is later, to be screened and/or begin an application



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Household Address

- This should be the address of all household members included in the application that applying to receive services under CICP
 Patients are allowed to include household members they are supporting that live in other states or countries, including their spouse, children, etc.
 - These household members would be counted in household size only
- Patients should not include household members who live at different addresses and wish to receive services under Hospital Discounted Care and/or CICP



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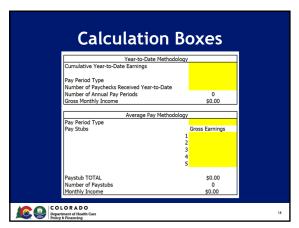
Ineligibility Codes

- CICP ONLY
- There are no changes to these from previous client applications





Worksheet 1 - Income • Boxes on the right of the worksheet are used to calculate employment income for each working household member »Income from working minors or adult students living with their parents is exempt • Two calculation boxes, one income box »Year-to-Date calculation »Average Pay calculation



Year-to-Date Calculation

- YTD is the best method, as it captures all fluctuations in pay for the calendar year to date
- Three components:
 - Cumulative earnings to date (gross YTD line on pay
 - Pay Period Type (weekly, bi-weekly, semi-monthly, monthly)
- >Number of checks received to date
- All this information should be able to be determined by the patient's pay stub



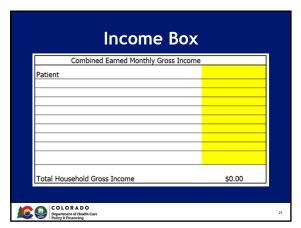
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Average Pay Method

- For pay stubs without a YTD line, average pay method is best
- Two components:
 - >Recent pay stubs
 - More pay stubs is better, best to have at least a month's worth of pay stubs if possible
 Ensures recent fluctuations in pay are captured
 - >Pay Period Type (weekly, bi-weekly, semi-monthly, monthly)



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Income Box Info

- Household members names will auto populate in the box
- Employment information should be added next to each member once their monthly income has been calculated using the calculation boxes
- Uniform Application will calculate the annual income automatically



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Monthly Unearned Income Sources:	Documented	Self-Declared	
Social Security Income (SSI) Social Security Disability Income (SSDI) Disbusrement from Retirement Accounts Persion Payments Payments From Trust Funds Disbusrement from Lottery Winnings			\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Annual or One Time Income Sources:			
Bonuses (enter full amount of bonuses included on pay stubs) Short Term Disability (enter full amount of payments from STD) Ihemployment Income (enter current amount of UBI bank) Tips and Commissions (only if not normal on pay stub) Infrequent Overtime			\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

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UPDATES

- Correction to "Social Security Income (SSI)"
- Addition of "Infrequent Overtime" since that should be broken out of paychecks prior to annualizing
- annualizing

 Overtime that occurs on a regular basis should be left in the annual calculation



Bonuses, Tips, and Commissions

- Bonuses, tips, or commissions that are not on every paycheck should have that information entered in the unearned lines
- Bonuses, tips, or commissions that are on every paycheck or are recurrent should be included in the monthly income calculation



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Worksheet 2 Self-Employment

- Worksheet 2 must be included for any household member who owns their own business, with a few exceptions:
 - >Household members who pay themselves as any other employee (income can be entered in Worksheet 1)
 - >Household members using taxes as their documentation (total annual income/12 can be entered in Worksheet 1)
- Businesses that are losing money should still have all information included, they will be counted at \$0 not at the negative amount
 - >The Excel application automatically resorts to \$0 if the expenses outweigh the income



Home Businesses

- Household members who run their business out of the house can include a portion of the mortgage/rent, utilities, etc. as an expense
 - >There are four boxes at the top of the worksheet that must be filled out for the percentages to be calculated correctly
 - These are the same things that are used in business taxes to calculate countable expenses, so the household member should be able to answer all of them



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Businesses Outside the Home

- Household members who run their business at another location can count the entirety of their mortgage/rent and utilities for that location as an expense
 - >The first box at the top of the worksheet should be set to "No" to ensure that the mortgage/rent and utilities are counted at the full expense

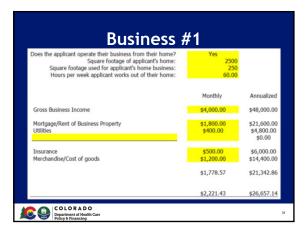


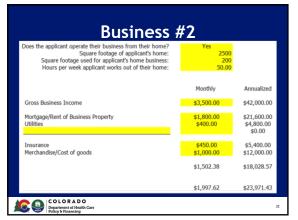
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Multiple Businesses

- Some households have more than one business run by one or more household members
 - >Providers can fill out Worksheet 2 for each business to find the net income for each business
 - >The preliminary worksheets that were used to calculate the combined income/expenses should be kept with the application as well and clearly marked as to which one goes with which business







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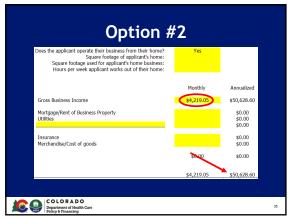
Combo Businesses Example

- If you add the two previous slides together, you get that the household has a profit of \$4,219.05 monthly, \$50,628.60 annually
- There are two ways that this information can be easily entered into the application:

 Enter in the monthly for each business next to the appropriate household member on Worksheet 1, or
 - Enter in the total monthly profit into the Gross Business Income line of Worksheet 2 and remove all other information
- In either case, be sure to keep the "scratch" Worksheet 2s for documentation of how you calculated the profit for each







Worksheet 3 - Deductions • Facilities are allowed and encouraged to continue using any deductions they currently use in their charity care programs • Be very careful to choose the correct frequency option in the drop down for each line, an incorrect choice can impact the total by a lot



Application

- The Application tab is the culmination of all the previous worksheets
 - >Information entered into the Patient Information tab is in Section 1, information entered into Worksheets 1 3 is in Section 2.
- Facilities will need to assign each household member a designation in the last column >CICP and HCD
 - ≻HDC
 - ≻CICP
 - >HH Size Only



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Household Size

- The household size is tied to the birthdate information, so if a household member does not have a birthdate entered for them, they will not be counted in the household size
- For unborn babies being included in the household, must enter either TBD, due date, etc. for them to be counted
 - >If due date is used, should be notated that it is due date in the notes section



Federal Poverty Guideline and Caps

- Application will automatically calculate the household size, income, and federal poverty guideline
- Will also calculate the household CICP annual cap if applicable and the 4%/2% payment plan monthly maximums
 - These lines will all read N/A" until a household member is assigned a designation that includes one or both options



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UPDATE

- Addition of "Spend Down" calculation to right of Section II
 - >Households that are over the limit may be given an option to pay part of their bill in order to qualify for HDC/CICP
 - >Amount the household is over income will calculate automatically
 - If the facility allows the Spend Down, it would be added to Worksheet 3 as a deduction and should be marked something that indicates it is a Spend Down
 - Documentation of payment should be kept with application



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Signature

- Patients should sign the application if at all possible
 - >Department understands that this is not always feasible
- Checkbox for if household is notified of their FPG determination via phone, email, or other Documentation of notification and household
 - Documentation of notification and household acknowledgment must be included with the application
 - >Notification should be made via the households' preferred method of contact
 - >NOT THE SAME AS DETERMINATION LETTER



Effective Dates

- In general, determinations for Hospital Discounted Care and CICP are valid for a year
- Effective date should match the earlier of:
 Date the application is started (application date)
 First date of service patient is applying to cover
 Uniform Application coded to auto set to earlier
- Providers may choose to extend effective dates by a uniform policy or on a case-by-case basis



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Notes Section

- Anything that is out of the ordinary that occurs during the application process should be included in the notes section to aid in an audit if the application is pulled
 - >Better to have too much information than not enough
 - >Helpful for auditors as well as for redeterminations for the household if there was a special situation that is still in effect for them



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CICP Card

- Household members are added to the card by having an ineligibility code assigned to them on the Patient Information tab
 - >If someone is on the card that shouldn't be, remove their ineligibility code
- The Begin and End date cells are unlocked so that they can be changed if needed >In general, the card should not be valid for more than 365 days



CICP and/or HDC Card

- Household members are added to the card by having a program code assigned to them on the Application tab
 - >If someone is on the card that shouldn't be, remove their program code
- The Begin and End date cells are unlocked so that they can be changed if needed
 - >Begin date should be the earlier of the date the application was started or the first date of service the patient is applying to cover
 - ≽In general, the card should not be valid for more than 365 days



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CICP Client Responsibilities

- This tab serves only as information for the CICP eligible household members
 - >Providers may ask the patient and other household members to sign a copy of the client responsibilities if they choose, but this is not mandatory
 - >A copy of the responsibilities does NOT need to be included with the application, it is purely educational for the applicant and other household members



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CICP Welcome Letter

- Welcome Letter added to help easily create letters for clients
 - >Select the range the applicant falls into to input the associated copays in the letter
 - The entire copays in the tetter

 The entire copay table is editable for providers who use other sliding fee scales or if they do not discount certain categories of services (except the homeless column, that one cannot be changed)
- It is not mandatory for providers to use this welcome letter, they may use their own if they prefer



No SSN Form

- CICP ONLY
- Household members who do not have an SSN must complete the No SSN Form in order to be eligible for CICP



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Lawful Presence

- Lawful presence is not required for Hospital Discounted Care or CICP
- Providers should not request nor require any documentation related to lawful presence



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